



SUMMARY AND ANALYSIS BY THE TRICARE FOR KIDS STAKEHOLDERS COALITION

Initial Response:

“Study on Health Care and Related Support for Children of Members of the Armed Forces”

September 2014

BACKGROUND

On July 15, the Under Secretary of Defense for Personnel and Readiness, the Honorable Jessica L. Wright, submitted a Report analyzing pediatric health care coverage under TRICARE to the House and Senate Armed Services Committees. The Report, commonly referred to as the “TRICARE for Kids (TFK) Report,” was a requirement of Section 735 of the Fiscal Year 2013 National Defense Authorization Act (NDAA), directing the Secretary of Defense to conduct a comprehensive review and analysis of health care provided to dependent children of members of the Armed Forces.

The TRICARE for Kids Stakeholders Coalition, consisting of pediatric provider organizations, military and veterans’ service organizations, disability groups and military families, has been working since January 2013 for the purposes of providing input to the Department of Defense (DoD) on its provision of healthcare to our military children and coordinating next steps. The Coalition appreciates that its feedback and recommendations were included for consideration in the TFK Report and has asked Secretary of Defense, the Honorable Chuck Hagel, to also incorporate the feedback into the recently directed 90 day review of the military health system.

While each organization has its own perspective and priority issue areas, in order to provide an easy-to-reference summary and response to the TFK Report, *the Coalition has compiled the following from analyses, concerns and reactions collected from partner organizations and military families.*

EXECUTIVE SUMMARY

The TFK Report concluded that the Military Health System (MHS) is meeting the needs of children in its care—including those with special health care needs—as specifically addressed under each of the nine elements listed in Section 735. This overall finding is not surprising, as this Report was an internal review conducted by the Defense Health Agency (DHA), which administers the TRICARE program.

Although the Report concluded that TRICARE was meeting the needs of children, it also acknowledges in every element of the study that there are significant “gaps,” “areas for clarification” and considerable deficiencies in data collection, utilization and analysis. These findings might be better described as “areas in need of improvement.” These gaps and findings align with many of the areas identified and recommendations made by Coalition partners to the DoD for consideration in preparing the Report. Those areas are ripe for and in need of immediate attention. TFK stakeholders are pleased that the Report acknowledges areas of concern and urges action in a timely and collaborative manner.

An overarching theme woven throughout the Report is the lack of data and meaningful utilization of data, or inability to collect data, which then limits the analysis in many of the elements examined. Many areas, such as specialty care, the Extended Care Health Option (ECHO) program, care management and the Exceptional Family Member Program (EFMP), lack sufficient data to support the DoD’s conclusion that it is providing adequate care and support, particularly to military families with special needs. This lack of data and appropriate analysis is consistent with a recent *New York Times* article [“In Military Care, a Pattern of Errors but Not Scrutiny.”](#) published on June 28, 2014. The Coalition aligns itself with the comments of Dr. Jonathan Woodson, the Assistant Secretary of Defense for Health Affairs, in a [follow-up](#) to the *New York Times* investigation:

“The people we serve expect us to improve. The American public expects us to improve. We expect ourselves to improve.” Woodson called for greater attention to patient safety and more openness about problems in treatment. “In moments like these, it can be easy to close down,” he said. “We need to do the opposite. We need to become even more transparent.”

In each of the nine areas of the Report, the TFK Coalition identifies substantial opportunities for the DHA and the DoD to work with the Congress and stakeholders to collect better data, increase transparency, enhance safety and institute changes to improve TRICARE for one of our most valuable resources, our military children.

OPPORTUNITIES IN THE REPORT TO IMPROVE CARE AND CARE EXPERIENCES FOR MILITARY CHILDREN

Short-term Goals

There are many steps that can be taken to address specific shortfalls, gaps and need for more clarification and collaboration acknowledged in the Report, including:

- Align with preventive benefits available through the Patient Protection and Affordable Care Act (ACA), Bright Futures and Medicaid’s Early and Period Screening, Diagnostic and Treatment (EPSDT).

- Align medical necessity definition for purchased care sector with AAP recommendation and broader definition allowed in the direct care system to ensure a consistent benefit and care.
- Create a pediatric physician advisory group with internal and external practitioners that meets on a regular basis to provide pediatric specific perspective on policy and practices.
- Establish an Advisory Panel on Community Support for Military Families with Special Needs as [required by law](#).
- Amend the inpatient only list TRICARE adopted from Medicare for pediatrics.
- Several reimbursement areas cited in the Report could be addressed right away as an indication of good faith and a pathway toward streamlined processes. These could be implemented in conjunction with a pediatric payment advisory group.
- Adjust definitions and provider categories as necessary to cover medical nutrition for children with complex nutritional needs.
- Implement internal ECHO reforms and increase flexibility of ECHO benefit to ensure that it aligns with the Centers for Medicare & Medicaid Services (CMS) standards for community based supports and provides improved access and continuity of care to families.
- Pediatric appropriate regulation of compounded medication coverage.
- Convene data stakeholders advisory group to assist with metrics, appropriate comparisons, etc. for pediatrics including complex care and care coordination and management.
- Immediately adopt mental and behavioral health standards more commonplace in pediatric care systems such as wrap around care, intensive outpatient programs, family centered care, community based care and uniform access to specialty care.
- Remove artificial barriers to residential treatment center certifications.
- Particularly with regards to EFMP families, compile recommendations from the many recent reports and studies and create a checklist of action items and issue areas to address. Tackle in collaboration with internal and external stakeholders.

Long-term Goals

While there are many more long-term goals that need to be addressed, it is imperative for integrity of the system that work begins on the following:

- The lack of data, inefficiency of collection and analysis and inability to meaningfully utilize data must be addressed for the long-term.
- Ensure qualified EFMP beneficiaries have access to Medicaid waiver services through Medicaid reform.
- Streamline process for pediatric-specific coverage and reimbursement issues that are child/patient centered.
- Implement coding changes that more accurately reflect pediatric care such as APR-DRGs.
- Allow TRICARE to formulate policies and coverage with best practices identified and recommended by other federal agencies with substantive oversight; for example, instead of conducting its own analyses regarding substance abuse treatment and mental and behavioral health on which to design policies, utilize SAMSHA studies and reports.

Collaboration is Critical

There are many situations in which collaboration with the civilian sector could help the DoD and DHA, for example, with respect to data, to determine which data to collect, how to meaningfully analyze for pediatrics, preferred metrics and assistance with civilian sector comparisons. Some of these areas include alignment of services available under Medicaid's EPSDT program, the ACA and Bright Futures, assessing access to specialty care and building of a complex care management and coordination system.

It is imperative that the DoD refrains from reinventing the wheel in order to address each of these areas in the Report. While some of the issues are unique to the DoD, such as the interaction of EFMP, ECHO and other support programs run by the military branches, and TRICARE and other programs run by DHA, many of the issue areas are those in which civilian organizations have expertise, interest and a commitment to serving military families. Public-private partnerships are critical to addressing the issues and findings in this Report, and TFK Coalition partners stand ready to assist, consistent with the [Joint Chiefs of Staff White Paper on Expanding Public Private Partnerships](#).

NEXT STEPS

Over the past few years, there have been numerous studies, hearings, surveys and GAO reports detailing the significant barriers facing special needs military families in accessing healthcare and support services. There have been countless recommendations but little action. The TFK Report is unique but consistent with findings of other recent reports and studies. When compiling feedback from stakeholders to formulate this response to the TFK Report, families' frustration was evident, as demonstrated by this comment:

“It took veterans dying before action was taken to address VA problems; similarly the 90 day review of the military health system was ordered by Secretary Hagel after several high profile tragedies. We request our DoD leadership, both civilian and military, to act much more quickly and decisively to address health care for children, particularly our most vulnerable children with special health care needs. All indications in this Report, as well as previous studies, are of systemic issues which need to be addressed expeditiously, not after collecting five or ten years of data. We need our leaders to step up to ensure that what happened at the VA isn't repeated with our military kids.”

Indeed, although requested by Congress, the Report did not set forth a plan to “improve and continually monitor” pediatric care. Therefore, an ongoing dialogue between the DoD and stakeholders, along with close monitoring by Congress, is in order to ensure next steps are taken and that pediatric care is continually monitored and improved.

The TFK Coalition plans to meet with the DoD, the DHA and the House and Senate Armed Services Committees (HASC and SASC) to discuss next steps to implement solutions that address gaps and clarify and improve areas of concern, including possible legislative fixes to the deficiencies noted in the Report. The group is preparing for a Congressional briefing and is requesting HASC and SASC hearings to discuss these important findings and next steps as part of the 2016 NDAA process.

Although the Report itself does not technically make any recommendations for legislation as requested by Congress, it states “recommendations concerning the issues discussed in this Report will be evaluated for possible submission as part of DoD's annual Unified Legislation and Budgeting (ULB) Process.” The Coalition also plans to meet with DHA to review the ULB process and changes DHA might propose in this process that would not require additional legislation.

The TFK Coalition appreciates the opportunity to work with Congressional and DoD leadership to implement improvements identified by stakeholders and acknowledged in the TFK Report, and ***urges Congress and the DoD to act quickly and decisively to address gaps and findings presented.***

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